UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND						
1 Date of Request: 2 Seria			al/Patent # ()>//5/0//			
3 Please refund the following fee(s):		4 PAPER NUMBER		5 DATE FILED	6 AMOUNT	
Filing				,	\$	
Amendment INDEP Ch		1			\$20	
Extension of Time		/		-	\$	
Notice of Appeal/Appeal					\$	
Petition		·			\$	
Issue					\$	
Cert of Correction/Terminal Disc.					\$	
Maintenance					\$	
Assignment					\$	
Other					\$	
		7 TOTAL AMOUNT S S				
		8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check				
Overpayment		Credit Deposit A/C #:				
Duplicate Payment			1, 201-01/00			
No Fee Due (Explanation):						
11 REFUND REQUESTED BY: \(\(\lambda \) \(\lambda \) \(\lambda \) \(\lambda \)						
TYPED/PRINTED NAME: TITLE: TITLE:						
SIGNATURE: // //// // // PHONE: PHONE:						
OFFICE:						
THIS SPACE RESERVED FOR FINANCE USE ONLY:						
APPROVED: SCAFFICH STATE: 174-7						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B